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ABSTRACT

This report examines the state of the art in assessing bilingual and/or multicultural students and asserts that dramatic improvements in assessment practices cannot be made within the context of the existing medical model. It is noted that existing assessment processes rely upon administration of technically-suspect norm-referenced measures to arrive at frequently imprecise classifications which are not linked to differentially-effective intervention strategies. Trends to adapt the norm referenced model for minority and/or culturally diffrent children are also discussed. Finally, the paper proposes a more functional, teaching orientation to existing assessment practices in which academic task time is recorded and appropriateness of the material evaluated. The paper concludes with an analysis of potential roadblocks to change, including existing state and federal laws and existing funding patterns. Three pages of references are included. (CL)

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THE ASSESSMENT OF THE BILINGUAL EXCEPTIONAL CHILD: TRENDS AND MODELS

By Larry Maheady

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Before beginning my presentation today, I would like to thank Dr. Leonard Baca and his staff at BUENO for providing me with the opportunity to address this fine group. I must admit that as a relative "newcomer" to the area of bilingual and multicultural education, there is still a great deal for me to learn about providing quality educational services for those children who come to us with significantly different cultural experiences. It is for that reason that I am looking forward to the remaining day and a half of this conference.

While my tenure in the multicultural arena is admittedly brief, it has not been void of significant events. Perhaps the most notable of these occurred during the time that I secured a grant through the Office for Civil Rights (with several colleagues). The intent of this grant was to identify exemplary educational practices that would hopefully ameliorate the problem of minority overrepresentation in special classes for the mentally retarded. In the three years since undertaking that project, I have seen my earlier conceptualization of the assessment process in education radically altered. In essence, I have learned to look back upon what I used to do as a school psychologist and ask <u>why</u>?. Today, I will offer a different direction for future assessment efforts and ask <u>why not</u>?.

My other significant multicultural experiences have grown out of my recent work with low-income, Black and Hispanic children enrolled in a bilingual elementary school in Dunkirk, New York. Essentially, what we have been trying to demonstrate is that if you <u>improve the quality of instructional services</u>

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being provided to traditionally "hard-to-teach" children, then they too can partake of the same educational benefits previously-reserved for their higher achieving classmates. The good news is almost every student we worked with in these so-called "low achieving" classes have earned A or B grades in basic academic skill areas when our particular interventions were in effect. The better news is that all of the teachers are still using these procedures even though we're no longer around, and eight additional teachers have asked for similar training over the coming summer.

The purpose of my presentation today, however, is not to describe the mechanisms of my own intervention strategies. Nor is it to expand upon the virtues of developing instructional strategies that will persist across time. Instead, I will attempt to refocus our attention upon the existing "state of affairs" with regard to the assessment of bilingual and/or multicultural students.

To say that existing practices for assessing culturally different youngsters are not good is to simply state the obvious. To suggest, however, that these practices have not been significantly improved through a variety of procedural modifications of the development of "new" tests and/or testing procedures, may be perceived as somewhat controversial. But to further assert that dramatic improvements in assessment practices cannot be made within the context of existing "medical model" theorizing borders on radical.

To elaborate upon these contentions, I would like to ask you to step back for a moment and reexamine the reasons for which we engage in assessment in the first place. Salvia and Ysseldyke (1978) suggested that psychoeducational assessment is typically undertaken for five distinct purposes; i.e., screening, identification, instructional planning, pupil monitoring, and program evaluation. It is my contention that the primary purpose for

collecting assessment information should be to improve the quality of instruction being provided to students experiencing academic and/or behavioral difficulties. In other words, assessment should be directly linked to improved instruction. Unfortunately, this has not been the major function of assessment efforts to date. Instead, educational assessors have become preoccupied with questions regarding test bias, nondiscriminatory assessment, and differential diagnoses. The result has been that we have spent an exhorbitant amount of time trying to decide what to call children and to determine if this label was derived in a nonbiased fashion; while simultaneously we have focused too little attention upon improving the instructional services children receive regardless of what they are called.

I would like to begin my presentation by discussing what we already know about formal assessment practices as they exist today. I will refer to these practices as being representative of a "non-referenced" model (Ysseldyke & Thurlow, 1984). Next, I would like to describe traditional attempts to alter these practices for minority and/or culturally different children. These practices will be referred to within the context of a "modified norm-referenced model." Finally, I would like to offer a more functional perspective on assessment efforts, which I will refer to as a functional assessment model (Maheady, Algozzine, & Ysseldyke, 1984).

Norm-Referenced Model

Ysseldyke and Thurlow (1984) describe the norm-referenced model as a learner-focused approach to assessment. In this model, norm-referenced assessment measures are administered to a child typically referred by the classroom teacher because of academic and/or behavioral difficulties. The child's performance is then compared to that of a sample of students upon whom

the test was normed. Critical decisions regarding the child's eligibility for special education placement, appropriate diagnostic classification, and type of instructional program are then based upon these performance data. In practice, this process typically begins with a teacher-referral; is followed by the administering of a battery of tests (e.g., WISC-R, WRAT, Bender); and culminates in a team meeting in which the critical questions outlined above are resolved.

A national survey of special education directors revealed that approximately 5% of all elementary-age children enter this referral-to-placement process each year (Algozzine, Ysseldyke, & Chirstenoon, 1983). Of these, about 92% are then evaluated by a school psychologist, and approximately 73% of the evaluated children are placed in special education. No similar percentage data are currently available on what happens to minority youngsters when they enter into this process, although Bickel (1982) noted that these students appear to be referred at rates higher than their enrollments in school. In either case, it is readily apparent that norm-referenced assessment is the model most representative of existing practice in our schools today.

But where did these practices come from and how well have they fared in the educational arena? It seems safe to conclude that existing norm-referenced assessment practice is most closely aligned with a "medical model" conceptualization of disordered behavior. From this perspective, deviant behaviors are viewed as symptomatic of some underlying cause. For example, sneezing, coughing, and watery eyes are perceived by physicians as symptoms of one of a number of possible pathologies. Their job, therefore, is to find the "real" cause of these disordered behaviors so that an appropriate treatment can be prescribed. To aid in this differential diagnosis, doctors

typically administer a group of biologically-based tests. It is crucial that these tests be as accurate and reliable as possible, because measurement errors will undoubtedly adversely affect the accuracy of the subsequent diagnosis. Accurate diagnosis, in turn, is essential since differential treatment will be prescribed according to the identified pathology. To return to our earlier example, it is quite clear that the same symptoms; i.e., sneezing, coughing, and watery eyes, can result from as few as two possible causes, i.e., an allergy or a head cold. Based upon obtained assessment data, doctors must identify which causative agent is responsible and then prescribe either allergy medication or some form of treatment to combat head colds.

While psychologists and educators are not typically called upon to treat allergies and/or head colds, they nonetheless frequently find themselves in the role of diagnosticians who must determine why certain students are experiencing difficulty in school. In response to this charge, they have apparently incorporated the same basic conceptualization of disordered behaviour as their medical counterparts. For example, when a child is referred because of deficient academic performance, inattetive and distractible behavior, as well as a failure to attend to and complete classroom assignments, educational diagnosticians readily assume that these dysfunctional behaviors are merely symptomatic of some underlying cause. They then engage in what Sarason and Doris (1979) refer to as a "search for pathology." They routinely administer standardized batteries of tests in the hope of uncovering or isolating the "real" cause of the child's problem. Once this cause has been identified and accurately diagnosed, a presumably effective form of treatment is prescribed. In the present example, for instance, the child's dysfunctional academic and behavioral performance could be

readily attributed to a number of possible causes significant among which are low intellectual potential, emotional difficulties, or a specific learning disability.

Unfortunately, the medical model is not as operationally effective within the educational domain as it is in the human health care profession. The reasons for this are substantial. First, it appears that this model makes some faulty basic assumptions concerning human behavior. For example, current practice rests on the assumption that when students experience academic and behavior problems in school, it is because there is something wrong with them (Ysseldyke & Algozzine, 1984). Yet there is ample data to suggest that many students fail to learn simply because they have not been provided with sufficient opportunities to learn in their existing instructional environment (Fischer, Berliner, Filby, Marliave, Cohen, & Dishaw, 1980; Rosenshine & Berliner, 1978; Stallings, 1980). Similiarly, Engelmann, Granzin, and Severson (1979), and Vargas (1984) have noted that poor student performance can frequently be justifiably attributed to inherent difficulties in existing curricular materials and instructional techniques. Thus, the routine attribution of causation to children fails to acknowledge the role that potentially alterable environmental factors play in producing school failure. A second limitation to the medical model orientation in education concerns the technical adequacy of the norm-referenced assessment measures that are used to derive diagnoses. As clearly described by Ysseldyke and his colleagues at the University of Minnesota, many important educational decisions are made about children, e.g., identification/classification, through the use of norm-referenced assessment devices that frequently possess inadequate norming samples and/or distressingly low reliability and validity coefficients.

The third problem with existing practice has to do with the diagnostic categories themselves. Take, for example, the federal definition of a specific learning disability:

> A disorder in one or more of the basic psychological processes involved in understanding or using language, spoken or written, which disorder may manifest itself in an imperfect ability to listen, think, speak, read, write, spell or do math calculations. Such disorders include conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. This term does not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps, or mental retardation, or emotional disturbance, or of economic disadvantage (from Public Law 91-230, Section 602-15, April 30, 1970).

Careful scrutiny of this definition reveals that a wide diversity of characteristics can be legitimately explained by this condition. As such, one might expect to find a rather heterogeneous sampling of students in this diagnostic category. One need not be an expert in learning disabilities to acknowledge the accuracy of this assertion. Unike the medical profession wherein diagnoses serve a limiting function and result in substantially more homogeneity among categorized individuals, educational diagnoses frequently fail to provide us with clearly recognizable populations. Finally, inherent in existing medical model logic is an assumption that one must first diagnose and label a child <u>before</u> an effective treatment can be implemented. Indeed, federal mandates, e.g., PL 94-142, clearly require that such a two- step process (i.e., diagnosis-treatment) be in operation in special education service delivery systems nationwide. Yet, there is no <u>empirical</u> basis to support such an assumption. Nor is there evidence to suggest that differential treatment exists based upon a given child's diagnostic classification.

On the contrary, most available information indicates that a body of effective instructional practices exist, and that these procedures work regardless of what the child is called (see Rosenshine & Berliner, 1978; Stevens & Rosenshine, 1981).

In summary, it has been suggested that existing assessment practice is well-grounded in a medical model conceptualization of disordered behavior. As such, it relies upon the routine administration of technically-suspect, norm-referenced measures in order to arrive at frequently imprecise diagnostic classifications, none of which appear to be linked to differentially-effective intervention strategies. With these thoughts in mind, we will now turn our attention to assessment practices used with referred minority and/or multicultural students.

Modified Norm-Referenced Model

Much has been written over the past 30 years regarding "fair" assessment practices for minority children. The bulk of this literature has stemmed from the recurrent finding that minority children are overrepresented in special education classrooms, particularly those for the educable mentally retarded (Maheady, Algozzine, & Ysseldyke, 1984). These findings have, in turn, resulted in accusations of racial, ethnic, and cultural bias leveled against both the assessment process and the assessors (Duffy, Salvia, Tucker, and Ysseldyke, 1981). Of particular concern to minority groups has been the process by which items are selected for inclusion in standardized tests, the standardization sample used in norming these measures, and the tests' validation processes (Greenwood, Preston, & Harris, 1982). In general, it has been argued that traditional standardized measures (particularly IQ tests)

rely heavily upon the values and experiences of the white, middle-class culture, and, therefore, discriminate against persons from differing cultural backgrounds. Such accusations have touched off heated and seemingly endless debates about the relative merits and limitations of norm-referenced testing with minority youngsters. These debates have focused primarily upon ways of defining and identifying test bias, as well as means for reducing the probability of its occurrence. After nearly 30 years of debate, it seems safe to conclude that: (a) there is no general consensus among major measurement experts with regard to the "correct" definition of test bias, and (b) if test bias does in fact exist, then professionals have been unable to agree on the extent to which it is evident in the two most frequently used measures of intelligence, i.e., Stanford-Binet and Wechsler scales (see Flaugher, 1978; Reschley, 1980; and Reynolds, 1983, for a more complete discussion of this topic).

In spite of an inability to define and locate potential sources of test bias, a considerable amount of time and effort has been devoted to the development of procedures to minimize its occurrence. With regard to assessment practices, this has typically resulted in attempts to modify or alter existing norm-referenced procedures. These adaptations to existing practice will be referred to as the modified norm-referenced model.

In essence, the modified norm-referenced model accepts many of the same basic assumptions of its predecessor. However, it attempts to make this process more fair for minority youngsters by changing either: (a) the content that is being assessed; (b) the procedures used for collecting assessment information; or, (c) the techniques for interpreting the performance of minority youngsters. In practice, this has often resulted in the development of "new" tests (e.g., Kauffman Assessment Battery for Children, culture-fair,

culture-free, and culture-specific measures) and/or the modification of standardized testing procedures (e.g., translating test items into a child's native language, using minority examiners), or "coaching" minority youngsters on how to respond to standardized questions (Bailey & Harbin, 1980; Travers, 1982). With the exception of incorporating measures of adaptive behavior into the assessment process, the aforementioned procedures have had little impact upon minority overrepresentation in special education classes (Oakland, 1979; Stevens, 1980; Talley, 1979).

At this point, one may seriously question the direction that our efforts have taken in trying to improve assessment practices for culturally-different children. To date, it appears that we have been willing to accept the existing norm-referenced model as legitimate, although somewhat unfair or biased toward culturally different youngsters. Attempts have then been made to modify existing practice in some way so that this norm-referenced model can better accomodate those who come from culturally-diverse backgrounds. My question, however, is: "Should we be trying to 'fit' our children into the existing assessment model?" or "Are there enough significant limitations inherent in this model that even if our children are better accommodated, they still may not become better educated?" I would argue strongly that the latter is the case. The time has come for us to reexamine the basic assumptions that drive the norm-referenced assessment model. In so doing, it will become apparent that a model that routinely readily blames academic failure on children, and then assigns labels to justify this attribution, rarely moves closer to identifying procedures for improving instruction. In fact, many times such classifying practices actually provide sufficient rationales for <u>not</u> instructing these children at all.

I believe that it is time for a different perspective on assessment. This perspective should readily acknowledge that children are but one part of the learning environment, and that quite often academic failure can result from poorly-designed lessons and/or instructional procedures. Similiarly, many students may fail to perform appropriately simply because their instructional environments have not been adequately structured for academic success. By examining instructional environments, we will be able to identify those dysfunctional aspects of existing practice that may be impeding our children's learning. In so doing, we should be able to offer teachers some useful information on how to restructure learning environments to enhance child performance. I would argue further that such environmental modifications must be undertaken before students even enter a learner-focused assessment process.

Functional Assessment Model

With these fundamental thoughts in mind, I would like to propose a more functional, teaching orientation to existing assessment practices. This approach is designed to go beyond the mere specification of developmental functioning levels to include an analysis of the type of learning experiences a student is being exposed to prior to the time of referral. It is recommended that, in assessment, one first assess the child's performance in the context of the existing learning environment, and only then proceed to a comprehensive evaluation of the learner.

Given the current knowledge base about assessment and the kinds of academic and behavior problems evidenced by many students referred for special education services, there are a number of reasonable assumptions that can and should be made about assessment. These assumptions should, in turn, guide

assessment efforts. First, there is no one cause of school problems. In most instances, the problems students experience are problems that occur in interaction with instruction and the goals or demands of the schools (Ysseldyke & Algozzine, 1984). Therefore, assessment practices must operate from a broader perspective than simply evaluating the child in isolation. Second, assessment should concentrate on variables directly related to instructional decision-making (i.e., what and how to teach). The most relevant variable to examine is the extent to which instruction is occurring, and the appropriateness and duration of such instruction (Ysseldyke & Algozzine, 1984). Likewise, any instructional adaptations and their subsequent effects should also be noted. A third assumption underlying the proposed functional assessment model is that assessment practices should be aimed primarily at improving instruction. Simply noting that children are experiencing specific kinds of processing difficulties or are functioning at developmental levels well below their chronologically-aged peers, offers little useful information about ways to improve instruction for these children or similarly-disabled peers. Finally, assessment data should be collected within the environment(s) where the problems occur, and should be obtained often during instruction. This suggests that if a student's performance in mathematics is of concern, then math performance should be assessed in the classroom where math instruction occurs and preferably should be evaluated through the use of existing curricular materials. Doing assessments in this way leaves a much smaller inference than when the youngster is removed from the class and assessed using a standardized measure that may not be related to the curriculum (Ysseldyke & Algozzine, 1984). In addition, it is suggested that assessments occur often during teaching. Frequent examinations of data

on progress toward instructional goals should help ensure that the teacher is engaging in instructional practices that result in continuous progress.

The functional assessment model as proposed here will require that the entire assessment process be moved forward, and that the learning opportunities of the individual child within the context of the regular classroom will become the focal point of initial assessment efforts.

Assessment specialists, therefore, will be required to obtain direct samples of student behavior within the classroom setting. Typical assessment procedures would include direct observations of the teaching/learning environment and the collection of permanent work samples. In recent years, a number of observation systems have been developed specifically for the purpose of examining how students spend their time in classrooms. The result of years of research in this area has been the formulation of a concept referred to as "academic engaged time" (Rosenshine & Berliner, 1978). Essentially, this term refers to the amount of time a student spends engaged in academically-relevant materials which are at a moderate difficulty level. Perhaps more important than researchers' conceptualization of academic engaged time (AET) and their ability to relate it to improved academic performance, has been the documentation of how little AET occurs in a typical regular classroom setting. For example, Rosenshine (1979) reported that students spent only 25 to 50 percent of their scheduled classroom time engaged in academic learning tasks. Moreover, only 7 to 16 percent of that time was spent on tasks that were neither too easy nor too difficult. In terms of actual time, Ysseldyke and Algozzine (1983) noted that, on the average, typical third and fourth grade students were engaged in silent reading for approximately eight minutes per day and reading aloud for less than two minutes each day. Hall, Delquadri, Greenwood, and Thurston (1982) provided some recent data that have specific

implications for the instructional programming of minority youngsters. In this investigation, the instructional environments of predominantly black (i.e., 93.8%) students in an inner-city, Title I (now Chapter 1) school were examined. Analyses of these data revealed that during a typical six-hour school day, reading silently took place for a total of 11 minutes, whereas reading aloud occurred for about four minutes per day. Both time totals were significantly lower than a comparison non-Title 1 school. It should also be noted that most AET studies have reported significant variability in the amount of time that individual students were actively engaged. For example, in the Ysseldyke and Algozzine (1983) investigation, some students were engaged in silent reading for up to 26 minutes, whereas others spent as little as 36 seconds in this area. Similar variability was reported with regard to reading aloud (i.e., range = 0 minutes to almost 8 minutes).

Given the paucity of academic engaged time typically reported in many regular classroom settings, it should come as no surprise that many youngsters are experiencing academic difficulty in acquiring basic skills. Some data (Hall et al., 1982) indicated that low SES minority students may be especially susceptible to such problems. Collectively, these data suggest that many academic problems can be legitimately attributed to the child's instructional environment, and that many students presently being referred for special assistance may, in fact, be "instructional casualties." The implications for assessment personnel appear to be quite clear. If little or no opportunity to learn academic material is being provided, then there is no need to search, within the child, to find out why academic failure is occurring.

After examining the extent to which students are actively engaged in academic-related tasks, the next step becomes an assessment of the appropriateness of such instruction. Again, educational researchers have

provided us with valuable information regarding the general characteristics of effective instruction (at least in teaching basic skills). According to Stevens and Rosenshine (1981), instruction is most effective when it occurs in a demonstration-prompt-practice format and when the practice is of sufficient length. In addition, students reportedly make the most progress when they attain high levels of success. Although exact practice durations and accuracy rates have yet to be formulated, Stevens and Rosenshine recommend that students' success rates be maintained at 80 percent during instruction and 90 percent at the end of a new unit. In order to determine the extent to which these things are occurring in a particular child's classroom, assessors must acquire daily samples of student performance. One efficient way to collect such information is through the use of daily timings (Paine, Radicchi, Rosellini, Deutchman, & Darch, 1983). Timings require students to practice specific academic responses, such as math facts and sight words, within relatively short periods of time (e.g., 1 minute). The emphasis during these daily timings is upon maintaining high accuracy while increasing the rate at which responses are performed. Daily calculations of accuracy and error rates, and charting of the obtained data provide teachers/assessors with valuable formative evaluation data. That is, data-based decisions regarding possible curricular modifications can be made on a daily and/or weekly basis, and the subsequent effects of such instructional changes can be clearly examined (see Deno & Mirkin, 1977; Paine et al., 1983, for a more complete discussion regarding the use of timings and data-based decision making).

To summarize, it has been suggested that the problem of minority overrepresentation is really symptomatic of a more basic concern: an inability to effectively teach large numbers of minority (primarily low SES)

students in regular classrooms. Deciding if referred students are truly exceptional or whether they are simply instructional casualties must become part of the agenda for assessment specialists. To determine this, the amount of time a student spends engaged in academic tasks must be obtained, and data regarding the appropriateness of this material via daily timings should be collected.

Potential Roadblocks to Change

The proposed functional assessment model represents a clear departure from traditional norm-referenced assessment efforts. As such, it will require significant changes in many existing institutional practices. To assume that such change will occur overnight, or that it will meet with little resistance, is simply unrealistic. Therefore, these potential sources of resistance or "roadblocks to change" must be clearly delineated and discussed. Perhaps the most significant roadblock to widespread change in current assessment efforts is existing federal and state laws. Under current legal statutes (e.g., Public Law 94-142), assessment occurs in a two-step process. First, a student must be assessed and classified as exceptional, then treatment or intervention in the form of special education services is made available. The proposed functional assessment approach would actually operate in a reverse two-step process. Initially, the student and instructional environment would be examined, and if environmental deficiencies were identified (e.g., insufficient AET, inappropriate instructional level of material), specific instructional modifications would be implemented. For example, if referred students were found to be actively engaged in academic tasks for minimal amounts of time, specific instructional activities requiring the student to respond more frequently could be assigned. Greenwood and colleagues (1984)

have described a number of classwide peer tutoring activities which perform such a function. These activities can be easily incorporated into regular classroom settings of 25 to 30 students with a minimum amount of teacher effort. Similarly, specific procedures for determining and altering the appropriateness of instructional materials have been discussed elsewhere in the literature (Lovitt, 1976; Vargas, 1984).

Unfortunately, successfully maintaining hard-to-teach youngsters in regular classrooms brings with it the second major roadblock to change; i.e., existing funding patterns for special education service delivery. Magnetti (1982) has noted that many existing funding formulas at both the state and federal level are closely tied to the number of students being identified as exceptional. Therefore, these reimbursement systems may, in fact, offer states legitimate incentives to overclassify children in special education programs. In Magnetti's words:

> where the fiscal implications of counting more children as handicapped are favorable to a school district or school, proportionally larger numbers of children might be classified as handicapped. (p.301)

If a particular school district were to opt for the proposed functional assessment strategies and were at the same time funding their special education services via child-based formulas (weighted and straight sum), then they would actually begin losing money (i.e., fewer students classified = less reimbursement). Alternative funding systems such as those that provide reimbursement on the basis of expenditures and/or units of service do not appear to possess the same liabilities for school districts (Magnetti, 1982).

A third potential source of resistance may come from higher education itself. Traditional training programs in psychology and regular and special education must be held somewhat accountable for the current state of affairs with regard to minority overrepresentation in special education programs.

Such programs have typically aligned assessment practices with a medical model orientation, and have effectively spurred on the growth of a categorically oriented service delivery system. Under the influence of such orientations and with ever-increasing federal and state financial support, the respective fields of education and psychology have been bludgeoned with "new and improved" assessment and remediation packages. As a result, a multitude of assessment devices that are capable of evaluating almost any facet of human functioning exist. Similarly, there are currently a plethora of service delivery arrangements for use in remediating the presumed deficiencies of the learner. For the most part, these practices have contributed more to the problem than the solution. If widespread change in current assessment practices is to occur, then leadership from higher education is essential. This leadership must include a new philosophby on serving children at risk for academic and/or behavioral difficulties, and a fresh perspective on assessment. Environmental contributions to student problems must be more carefully examined and controlled before such difficulties are attributed to innate characteristics of the learner. Failure to adopt such a perspective will most likely result in "new" ways to search for pathology and "improved" procedures for delivering the same, sometimes ineffective special services.

A fourth potential roadblock to change may be regular classroom teachers themselves. It should be anticipated that a certain amount of resistance may be generated simply from the process of examining <u>their</u> instructional environments. That is why it is essential that the proposed assessment perspective be implemented on a "no-fault" basis. There is no need to denigrate teachers by exposing certain materials as inappropriate or particular teaching strategies as inadequate. Instead, a collaborative search for how to engage the child more in successful academic responding should become the focal point for teacher-assessment personnel consultation.

The amount of resistance generated will be a direct function of successful assessment personnel are in not affixing blame to the classroom teacher.

Finally, it must be recognized that what is being proposed will require a realignment of existing professional functions among psychologists, educators, and administrators alike. Psychologists will be required to become more involved in informal, curriculum-based assessments, and must become more familiar with recent advances in direct observational technology. Similarly, they will be required to alter their perception of assessment as a sufficient end in and of itself. Instead, it must be reconceptualized as a means to an end. Their involvement with both children and teachers will likely become an ongoing series of interventions and assessments as opposed to one-shot diagnostic sessions. Regular and special education classroom teachers as well, must be prepared to accept the changing role of assessment personnel and must further familiarize themselves with the concept of academic engaged time, and the specific characteristics of effective instruction. School administrators must, likewise, become cognizant of alternative assessment and remediation strategies, and must similarly recognize that the problems of academic failure can be effectively handled through systematic modifications in regular classrooms. Ultimately, it is higher education's responsibility to ensure that such information is accurately imparted to practitioners.

It would be quite understandable if the suggested changes in practice are met with a substantial amount of skepticism and dismay. For after all, what is being suggested is not easy to accomplish. Indeed, it will require significant changes that extend from state assemblies where legislative and fiscal decisions are made all the way to individual classrooms where assessment data are collected. Furthermore, the implications of our recommendations stretch well beyond the assessment of minority students.

They demand major reforms in the evaluation of all students referred for special services. But as difficult as these changes may be to implement, we believe that they must occur if assessment is to be reunited with intervention. Professionals can continue to blame academic failure on students and renew their search for patholgy using "new and improved" tests and/or sets of tests. Likewise, they can continue to search for test bias in existing measurement devices in the hope that once it is located and controlled, assessment personnel will use non-biased measures in a fair manner. But ultimately, we believe that both searches will lead us further and further away from the place where the problem of minority overrepresentation should be addressed: within the instructional ecology of the classroom.

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1. Portions of this paper appear elsewhere in the literature, i.e., Maheady, L. Algozzine, B., & Ysseldyke, J.E. (1984). Minority overrepresentation in special education: A functional assessment perspective. Special Sources in the Schools, 1(2), 5-19.

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